

DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION

As the below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SELECTIVE COX-2 INHIBITION FROM EDIBLE PLANT EXTRACTS

The specification of which, with any Preliminary Amendment, (check one)

[] is attached hereto

[X] was filed on December 15, 2000 as Application Serial No. 09/737,892 and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a)

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN APPLICATION(S)

Priority Claimed

(Number) (Country) (Day/month/year filed)

[] Yes [] No

(Number) (Country) (Day/month/year filed)

[] Yes [] No

(Number) (Country) (Day/month/year filed)

[] Yes [] No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.) (Filing date) (Status)

(Application Serial No.) (Filing date) (Status)

keep
CIP
Info

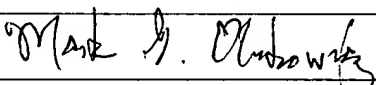
POWER OF ATTORNEY: As a named inventor, I hereby appoint as attorneys/agents: S. CHRISTOPHER BAUER, Registration No. 42,307; DENNIS A. BENNETT, Registration No. 34,547; JAMES C. FORBES, Registration No. 39,457; J. TIMOTHY KEANE, Registration No. 27,808; RICHARD A. MUELLER, Registration No. 41,094; ROGER A. WILLIAMS, Registration No. 27679; SCOTT A. WILLIAMS to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct all telephone calls to James M. Warner at 314-694-3642 and address all correspondence to:

Pharmacia Corporation
Corporate Patent Law Department
P.O. Box 5110
Chicago, Illinois 60680-9889

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

1) _____ 1

FULL NAME OF INVENTOR	LAST NAME OBUKOWICZ	FIRST NAME MARK	MIDDLE NAME G
RESIDENCE & CITIZENSHIP	CITY KIRKWOOD	STATE OR FOREIGN COUNTRY MISSOURI	COUNTRY OF CITIZEN. USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS 655 N. KIRKWOOD ROAD	CITY KIRKWOOD	STATE OR COUNTRY MO ZIPCODE 63122
SIGNATURE OF INVENTOR 1			DATE 4/6/01

2)

2

FULL NAME OF INVENTOR	LAST NAME HUMMERT	FIRST NAME SUSAN	MIDDLE NAME L	
RESIDENCE & CITIZENSHIP	CITY ST. ANN	STATE OR FOREIGN COUNTRY MISSOURI	COUNTRY OF CITIZEN. USA	
POST OFFICE ADDRESS	POST OFFICE ADDRESS 3447 ST. MARK LANE	CITY ST. ANN	STATE OR COUNTRY MO	ZIPCODE 63074
SIGNATURE OF INVENTOR 2	<i>Susan L. Hummert</i>		DATE 4-6-01	